

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

State of Wisconsin, Plaintiff,
-VS-

☐ Amended

_____, Defendant

Name

**Petition for
Half-Priced Ignition
Interlock Device (IID)**

Address

City, State, Zip

Case No. _____

UNDER OATH, I STATE:

I am unable to pay the full price of Ignition Interlock because of poverty and am requesting that I have limited liability of one-half of the cost of equipping each motor vehicle with an ignition interlock device and one-half of the cost per day per vehicle maintaining the ignition interlock device.

1. I ☐ am ☐ am not married.
2. I ☐ am ☐ am not employed. Name of employer: _____
3. I earn (gross pay) \$ _____ ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
My take-home pay (after taxes and deductions) is \$ _____ per pay period.
4. I receive gross monthly income totaling the amount of \$ _____ from
☐ Pension ☐ Social security ☐ Unemployment compensation
☐ Disability ☐ Student loans/grants ☐ Other: _____
5. I have the following cash assets:
☐ Savings accounts: \$ _____ ☐ Cash: \$ _____
☐ Checking accounts: \$ _____ ☐ Money owed me: \$ _____
6. I have the following other assets:
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Household furnishings: \$ _____
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Equity in real estate: \$ _____
☐ Other individual assets valued over \$200 each: _____ \$ _____
7. My household consists of myself and _____ others:
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
8. The other members of my household have gross monthly income totaling the amount of \$ _____ from
☐ Wages ☐ Social security ☐ Relief funded under public assistance ☐ Food stamps/FoodShare
☐ Pension ☐ Student loans/grants ☐ Unemployment compensation ☐ Supplemental security income
☐ Disability ☐ Relief funded under §59.53(21), Wisconsin Statutes ☐ Support/maintenance
☐ Other: _____

9. I have the following debts:

	Amount	Monthly Payment
a. Mortgage/Rent	\$ _____	_____
b. Auto loan	\$ _____	_____
c. Credit cards	\$ _____	_____
d. Other: _____	\$ _____	_____
_____	\$ _____	_____

10. I have the following unusual expenses, other than ordinary living expenses:

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

I understand that if my financial situation changes,
 I must notify the court immediately.

► _____
 Signature

 Print or Type Name

 Date of Birth

 Address

 Date

DISTRIBUTION:

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2. Defendant